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APPLICANTS

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cm
 ** CONTINUING DATA *****

This application is a 371 of PCT/EP99/04628 07/02/1999

cm
 ** FOREIGN APPLICATIONS *****
none cm

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 4	TOTAL CLAIMS 54 32	INDEPENDENT CLAIMS 8 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

Intervertebral implant

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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